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## **STATEMENT OF**

FORM 1	ORGANIZATION									Office Use Only									
1. NAME OF COMMITTEE (in	full)	,	heck if name changed)	Э		ple:If t	,, ,	type		12	FE4	1м5			]				
National Assr	n of So	cial Wo	orkers Ir	nc. P	Olitic	cal A	Actio	on f	or (	Car	ndi	dat	e E	lect	ion	(P	Άί	CE)	
ADDRESS (number and	d street)	750 First \$	St NE Suite 7	00															
(Check if address is changed)																	Ш		
		Washingt	on							DO			2000	2-424	.1				
		CITY								STA	ГΕ		ZIP CODE						
COMMITTEE'S E-MAIL	ADDRES		-	ne e-ma	ail addı	ress)													
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is changed)																			
COMMITTEE'S WEB I	ddress		L) alworkers.org																
2. DATE 10	07		2011																
3. FEC IDENTIFICA	ation nu	MBER	C	C000	060707		-												
4. IS THIS STATEM	ENT	NEW (	N) <b>O</b> F	R	×	ΑN	1ENDE	ED (A	)										
Type or Print Name of Signature of Treasurer	Treasurer Elizabet	Elizabeth h Hoffler (As:	Hoffler (Asst	i. Treasu	urer)	[Electro	onically	y Filea	I) <sub> </sub>	Date	[	M = N	1	07	D /	2115	201		
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